

Consent to Service–Non-Resident Reinsurance Intermediary Manager

Name of reinsurance intermediary manager (enter the same name [business or individual] you requested your license be issued in)

a reinsurance intermediary manager, incorporated and doing business under and by the virtue of the laws of

The state of

The country of

has applied for registration as a reinsurance intermediary manager to transact business in the state of Michigan.

Therefore, in compliance with the provisions of Section _____ of the Insurance Code of 1956, as amended, this reinsurance intermediary manager does hereby make, constitute and appoint the Commissioner of Financial and Insurance Services of the state of Michigan, or deputies designated by the Commissioner, as its true and lawful attorney in the state of Michigan, on whom all process of laws may be served, in any action or proceeding under current or future laws and statutes of Michigan in which the reinsurance intermediary manager is a party. Further, we hereby stipulate and agree that any legal process affecting such reinsurance intermediary manager, served upon the Commissioner, or designated deputy, shall have the same effect as if personally served upon the group and shall remain in force as long as any liability shall remain within the state of Michigan. When process against or affecting the reinsurance intermediary manager is served on the Commissioner, or designated deputy, a copy of such process shall be mailed to:

Enter complete address

IN WITNESS WHEREOF, the group in accordance with a resolution of its board of directors duly passed, a certified copy of which is hereto attached, has caused the same to be subscribed and signed in accordance with the bylaws of the company and the resolution of the board of directors thereof, authorizing the same, at

The City of _____ in the State of _____ in the Country of _____

on the _____ day of _____, A.D. 20_____.

Signature of President

Signature of Secretary

Attach certification from the board of directors approving the above consent to service.

When complete, return with reinsurance intermediary manager application or send to:

**Office of Financial and Insurance Services
611 W. Ottawa St.
PO Box 30220
Lansing, MI 48909-7720**

PA 218 of 1956 as amended requires submission of this form by non-resident reinsurance intermediary managers applying for admission to Michigan. Failure to complete and submit this form properly could result in denial of your application.

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
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Phone OFIS toll-free at:
1-877-999-6442

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